

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/542900 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			1			
TOTAL DEP.		←	17	←	←	
TOTAL CLAIMS			18			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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100						
TOTAL IND.				↓		
TOTAL DEP.		←			←	
TOTAL CLAIMS			18			